

shortening; this, though true for partial resection; is not the case in total resections, where we find the shortening greater at these years, and the partial resections were only favorable operative cases in younger individuals.—*Deutsche Zeitsch. f. Chirg.*, bd. 29, hft. 4.

HENRY KOPLIK (New York).

**III. Excision of Both Hip Joints for Acute Disease.** By W. H. BATTLE, F.R.C.S. (London). A delicate boy,  $\text{æt. } 14$  years, eight weeks previously suddenly began to experience pain in the left hip which was soon followed by pain and swelling in the right hip. There was a tuberculous family history. The patient was in an exceedingly debilitated condition with numerous bed sores and high fever. There was much swelling about the right hip, chiefly over the front of the joint, but on this side fluctuation was not well marked and disease did not appear to have invaded the gluteal region. The thigh was flexed but not so much as on the left side, the right knee crossing the upper part of the left leg, the thigh being slightly abducted. The left hip presented a large globular fluctuating swelling, which extended around the great trochanter and upward and backward into the buttock. The patient received general systemic treatment for three days when, on account of his high temperature, excessive pain and the collection of pus it was decided to operate. Under ether, an incision was made four inches long in a direction from below upward toward the posterior superior spine, with the limb at an angle of  $45^\circ$  with the trunk, commencing about an inch below the top of the great trochanter and crossing its middle, the cut giving exit to several ounces of thick pus. The bones were exposed but none of the granulation growth usual in tubercular diseases could be found. The head of the femur could not be brought to the acetabulum, so the neck was divided with a saw and the head removed; after this, the sawn surface of the neck could not be made to descend lower than the upper margin of the acetabulum. The wound was dressed antiseptically.

Three days later, the pain and swelling in the right hip increasing, Parker's incision from the front was made giving exit to a large quantity of pus. The finger in the joint showed the presence of a loose piece

of bone which proved to be the separated disc-like epiphysis of the head of the femur, and was removed with necrosis forceps. This wound was dressed and closed antiseptically.

Extension was made by a double hip splint and tonics given. The progress to recovery was interrupted only by a short attack of cutaneous erysipelas eight months later and an excellent result was obtained, the patient walking well without apparatus and presenting a shortening of an inch in the left limb.—*London Lancet*, Oct. 12, 1889.

**IV. Dislocation on to the Dorsum Ilii in a Child.** By W. B. COSENS (Taunton and Somerset Hospital). A boy, æt. 7 years, fell while running a "three legged race" with a companion. On examination by Mr. Farrant, the left thigh was found to be semi-flexed, adducted and rotated inward, the ball of the great toe almost resting on the dorsum of the right foot; the great trochanter was above Nelaton's line. Extension of the limb was attended with great pain. The luxation was easily reduced by flexing the thigh on the abdomen, rotating outward and quickly bringing the leg down to a straight line with the body, the head of the femur entering the acetabulum with an audible click. This lesion is rare in children, but fifteen coming under this category out of a collection of eighty-four made by Hamilton.—*London Lancet*, October 12, 1889.

**V. Dislocation of the Hip in Children.** By J. K. DOUGLAS, M. B. (Scone, N. B.), and C. L. DIXSON, M.R.C.S. (Slantwit Major, S. Wales). Douglas' case occurred in a boy, æt. 7½ years, who, while running along the road with another boy on his shoulders, was pushed down, his left leg doubling up under him. On re-examination the usual signs of iliac dislocation of the head of the femur were found. Under chloroform the bone was readily returned by flexion, inward rotation and extension.

Dixson's occurred in a girl, æt. 6 years, who had fallen out of a cart, with her right leg bent under her. An iliac dislocation having been discovered, the dislocation was reduced by placing the operator's left foot on the right ilium and making extension of the right leg by pulling